

**IOWA DEPARTMENT OF INSPECTIONS AND APPEALS**  
**Targeted Small Business Certification Program**  
**(515) 281-5796**

**CORPORATION**

*Complete this form only if your business is a corporation.*

**Owners, officers, directors** - List everyone who owns a portion of the applicant business. (Attach additional sheets, if necessary.)

Name	Address	City	State	Zip Code
(Check all that apply.) <input type="checkbox"/> Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability		Percent Ownership	Shares Owned	Position in Business
Name	Address	City	State	Zip Code
(Check all that apply.) <input type="checkbox"/> Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability		Percent Ownership	Shares Owned	Position in Business
Name	Address	City	State	Zip Code
(Check all that apply.) <input type="checkbox"/> Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability		Percent Ownership	Shares Owned	Position in Business
Name	Address	City	State	Zip Code
(Check all that apply.) <input type="checkbox"/> Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability		Percent Ownership	Shares Owned	Position in Business
Name	Address	City	State	Zip Code
(Check all that apply.) <input type="checkbox"/> Ethnic Minority <input type="checkbox"/> Woman <input type="checkbox"/> Person with a Disability		Percent Ownership	Shares Owned	Position in Business

<b>&gt;&gt;&gt; Enter Total Number of Shares Issued &gt;&gt;&gt;</b>
<b>Attach an explanation of all business changes in the past. This includes changes in bylaws, power, duties, and personnel.</b>

If anyone listed above has now or has had any business relationship with another business similar to the applicant business, complete the information requested below:

Name:	Business Name:	Relationship:
Name:	Business Name:	Relationship:

Provide a brief summary of the business experience of each person listed above. Include the length and extent of each person's involvement. (Attached additional sheets, if necessary.)

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**Credit** - List information about established credit below. (Attach additional sheets, if necessary.)

Name of Business:	City:	Telephone Number:
Name of Business:	City:	Telephone Number:
Name of Business:	City:	Telephone Number:
Name of Business:	City:	Telephone Number:
Name of Business:	City:	Telephone Number:
Name of Business:	City:	Telephone Number:
Name of Business:	City:	Telephone Number:
Name of Business:	City:	Telephone Number:
Name of Business:	City:	Telephone Number:
Name of Business:	City:	Telephone Number:

**Sales** - List five people or businesses to whom you have made sales during the current calendar year.

Name of Person or Business:	Street Address:	City:
Contact Person:	Telephone Number:	Zip Code:
Name of Person or Business:	Street Address:	City:
Contact Person:	Telephone Number:	Zip Code:
Name of Person or Business:	Street Address:	City:
Contact Person:	Telephone Number:	Zip Code:
Name of Person or Business:	Street Address:	City:
Contact Person:	Telephone Number:	Zip Code:
Name of Person or Business:	Street Address:	City:
Contact Person:	Telephone Number:	Zip Code: